



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Baraty M.	Group Art Unit 2857
Appl. No.	:	09/764,490	
Filed	:	January 17, 2001	
For	:	METHODS, APPARATUS, MEDIA, AND SIGNALS FOR MANAGING UTILITY USAGE	
Examiner	:	Wachsman, H.	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated November 5, 2003, please amend the above-identified application as indicated below.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 13 of this paper.

55.00 op

03/11/2004 MARDELRI 00000062 09764490
01 2251
55.00 op

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

3/3/3
Lang J. McHardy
Registration No. 50,591
Agent of Record
Customer No. 20,995
(805) 547-5580

O:\DOCS\LJM\LJM-3526.DOC:vr,bg
030404

GAU 2857 #



AMENDMENT / RESPONSE TRANSMITTAL

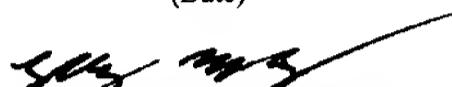
Applicant : Baraty M.
 App. No. : 09/764,490
 Filed : January 17, 2001
 For : METHODS, APPARATUS,
 MEDIA, AND SIGNALS FOR
 MANAGING UTILITY
 USAGE
 Examiner : Wachsman, H.
 Art Unit : 2857

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

March 4, 2004

(Date)


 Lang A. McHardy, Reg. No. 50,591

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 15 pages.
- (X) Appendix and Abstract in 2 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	52 - 91 = 0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	10 - 20 = 0	2201 (\$43)	0 x 43 =	\$0
Multiple Claim		2203 (\$145)		\$0
1 Month Extension		2251 (\$55)		\$55
2 Month Extension		2252 (\$210)		\$
3 Month Extension		2253 (\$475)		\$
			TOTAL FEE DUE	\$55

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$55 is enclosed.
- (X) Return prepaid postcard.